

**Universal Volunteer Application****Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Employment Information (Title, Place of Employment): \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Information (Name, Phone Numbers): \_\_\_\_\_

\_\_\_\_\_

Describe any restrictions on your activities (physical, medical, mental): \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Are you currently charged with or have you ever been convicted of a felony?      ☐ Yes    ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**General Availability:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Do you have personal transportation? \_\_\_\_\_

Geographic Preference: \_\_\_\_\_

Are you willing/able to do manual labor?      ☐ Yes      ☐ No

## Community Guidelines for Developing a Spontaneous Volunteer Plan

### ***Skills & Qualifications:***

Fluency in Language(s) other than English: \_\_\_\_\_

Licenses/Professional Certifications: \_\_\_\_\_

\_\_\_\_\_

Professional Background: \_\_\_\_\_

\_\_\_\_\_

Education Background: \_\_\_\_\_

\_\_\_\_\_

Computer Skills: \_\_\_\_\_

\_\_\_\_\_

Prior or Current Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Prior Disaster Relief Experience: \_\_\_\_\_

\_\_\_\_\_

#### **Other Skills:**

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative/Secretarial                | <input type="checkbox"/> Human Resources (interviewing, recruiting, etc.) |
| <input type="checkbox"/> Accounting/Finance/Bookkeeping            | <input type="checkbox"/> Mental Health Counselor/Social Worker            |
| <input type="checkbox"/> Civil Servant (Police, Firefighter, etc)  | <input type="checkbox"/> Management                                       |
| <input type="checkbox"/> Child Care                                | <input type="checkbox"/> Technical (IT professional, etc.)                |
| <input type="checkbox"/> Customer Service                          | <input type="checkbox"/> Trade: _____                                     |
| <input type="checkbox"/> Food Service (help prepare & serve meals) | <input type="checkbox"/> Transportation (Professional Truck/Bus Driver)   |
| <input type="checkbox"/> Health Services (Doctor, Nurse, EMT)      | <input type="checkbox"/> Other: _____                                     |

### ***Volunteer Agreement***

1. The information provided is complete and true. If information given on this application is incomplete or untrue, I understand my assignment may be terminated.
2. I have disclosed any felony convictions. I agree to a background check, verification of the statements contained herein and additional screening procedures.
3. I understand that my own insurance will be used as coverage for illnesses and injuries and that I am ultimately responsible for any costs incurred.
4. I agree to respect the rights, property and confidentiality of emergency worker and individuals affected by disaster.
5. I agree to adhere to the rules/instructions of my job assignment(s) so as not to jeopardize relief operations or procedures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_